PTO/SB/06 (08-00)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD -15571-1US OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) NUMBER FILED NUMBER EXTRA RATE FEE FOR **RATE** FEE s 370 BASIC FEE OR \$ (37 CFR 1.16(a)) 8 TOTAL CLAIMS 28 x \$_ 9 72 x \$ 18 minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 1 42 = 4 42 80 minus 3 = OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR 0 TOTAL 484 OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II **SMALL ENTITY** OR SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **AMENDMENT EXTRA AFTER PREVIOUSLY** FEE FEE AMENDMENT PAID FÓR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 OR 0 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-B REMAINING **PRESENT** NUMBER **RATE TIONAL** TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR *** Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL **TOTAL** 0 OR 0 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE** TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR *** Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 0 OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

9-15571-108

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							_	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		\vdash	SIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			28 minus 20=		* 8		_X	(\$ 9=	72	OR	X\$18=		
INDEPENDENT CLAIMS			√ minus 3 =		* 1			(42=	42	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+	140=	11/1	OR	+280=	_,=,+,+	
* If the difference in column 1 is less than zero, enter "C						olumn 2	T	OTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II							OTHER THAN						
		(Column 1)	(Column HIGHES			(Column 3)		MALL E		OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	(\$ 9 =		OR	X\$18=		
	Independent	* NTATION OF MI	Minus			=	>	(42=		OR	X84=		
<u> </u>	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	1 CLAIM		+	140=.		OR	+280=		
							L	TOTAL DIT. FEE	:	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADL	/+ 1. FEE		•	ا ۱۱۰۱ ا ۱۰۰۰		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T O! A:::	=	>	42 =		OR	X84=		
L	FIRST PRESE	NTATION OF M	JLTIPLE DEF	'ENDEN	CLAIM		+	140=		OR	+280=	-	
											TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADL	OIT. FEE			ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T C1 411	=		K42 =		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM			140=		OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												